

LAB USE ONLY	
PATHOLOGY CASE #	
VTH Accession #	
PATHOLOGIST	

NECROPSY SERVICE POST-MORTEM SUBMISSION FORM

REFERRING VETERINARIAN INFORMATION		OWNER INFORMATION**		
Veterinarian: _____		Owner First Name: _____ Last Name: _____		
Hospital Name: _____		Address: _____ Phone: _____		
Address: _____		City/State/Zip: _____		
City/State/Zip: _____		**PLEASE NOTE: Owner must contact VTH Business Office at 540-231-6027 for payment in full prior to necropsy/cremation services.		
Phone: _____ Fax: _____				
ANIMAL IDENTIFICATION		Manner of Death	Date of Death	DISPOSITION OF REMAINS
Name/ID: _____		<input type="checkbox"/> Euthanized Method & Site: _____	<input type="checkbox"/> Previously Frozen	<input type="checkbox"/> Biohazard or Dry Rendering Waste Stream * No additional cost to owner
Species _____				
Breed: _____		<input type="checkbox"/> Unknown	<input type="checkbox"/> Legal Case	<input type="checkbox"/> Private Cremation * Performed by off-site private crematory- additional fees apply
Sex: _____ Age/DOB: _____				
Color: _____ Weight: _____				
			<input type="checkbox"/> Insurance Case	<input type="checkbox"/> Owner Pick-up * Animal remains that are not picked up within 7 days of submission are considered abandoned and will be disposed of properly. * Eligible cases must be within a 50 mile radius * May be denied at Pathologist's discretion

PROCEDURE REQUESTED	HISTORY
<input type="checkbox"/> Complete Postmortem Exam	Include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous submission(s). Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis. <i>Samples collected during a necropsy become property of the section of anatomic pathology.</i>
<input type="checkbox"/> Partial Postmortem Exam	
<input type="checkbox"/> Cosmetic Postmortem Exam	

Differential diagnosis(es):